

1344.8.55.001 - ACT Stats, 2006

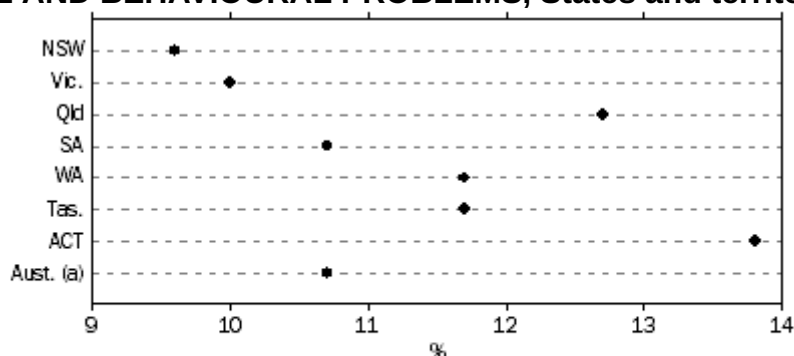
ARCHIVED ISSUE Released at 11:30 AM (CANBERRA TIME) 09/05/2006

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STATE OF MENTAL WELLBEING IN THE ACT

According to the 2004-05 National Health Survey (NHS), 14% of ACT residents reported that they had a long-term mental or behavioural problem. This compares with a national average of 11%. The two most commonly reported mental and behavioural problems included mood (affective) and anxiety related problems.

GRAPH 1. MENTAL AND BEHAVIOURAL PROBLEMS, States and territories (a) — 2004-05



(a) Separate estimates for the NT are not available for this survey, but the NT contributes to national estimates.

Source: National Health Survey: Summary of Results, 2004-05 (cat. no. 4364.0).

National Health Survey

This article discusses the characteristics of ACT residents who reported a long-term mental or behavioural problem in the 2004-05 NHS. Respondents were not specifically asked whether they had been diagnosed with any mental disorder, so information provided by respondents could be based on self-diagnosis rather than diagnosis by a health professional. Due to sensitivity about mental health conditions, respondents may also be reluctant to report that they have a condition.

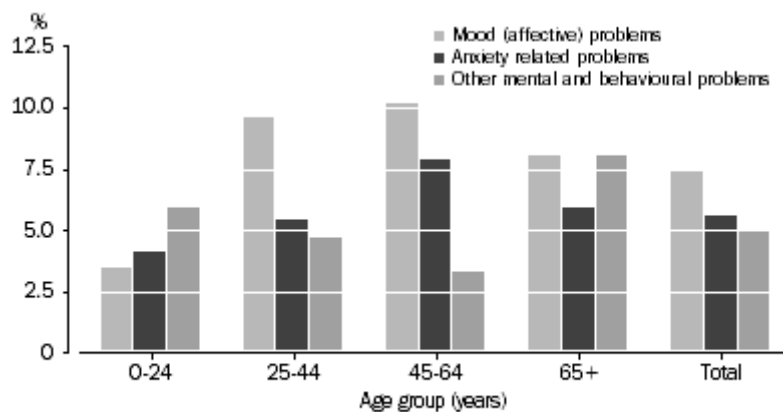
The NHS sample size for the ACT was increased to improve the reliability of estimates.

Characteristics of ACT residents reporting long-term mental or behavioural problems

In 2004-05, 7% of the ACT population reported mood (affective) problems, compared with 6% reporting anxiety related problems and 5% reporting other mental and behavioural problems.

ACT residents aged 45 years and over reported the highest frequency of long term mental and behavioural problems (16%), while those aged 0-24 years reported the lowest (10%). Persons aged 25-44 and 45-64 years reported similar levels of mood (affective) problems (both 10%), while persons aged 45-64 years were most likely to report anxiety related problems (8%).

GRAPH 2. MENTAL OR BEHAVIOURAL PROBLEMS, Age groups: ACT— 2004-05



Source: National Health Survey 2004-05, Summary of Results, State Tables (cat. no. 4362.0).

ACT residents over 18 years who were unemployed or not in the labour force were more likely to report long-term mental and behavioural problems than those who were employed (23% compared with 10%).

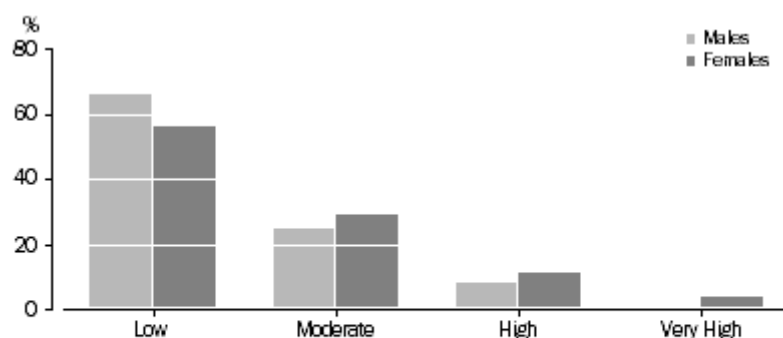
While 15% of all ACT residents in 2004-05 reported that they smoked on a daily basis, 24% of those reporting long-term mental and behavioural problems were also current daily smokers. There was no significant difference between the proportion of ACT residents and Australian residents reporting long term mental and behavioural problems with overweight or obese BMI's (see end note 1).

Psychological Distress

The NHS asked a range of questions relating to the level of psychological distress experienced by respondents aged 18 years and over. This was measured using the Kessler Psychological Distress Scale - 10 Items (K-10) (see end note 2).

While most ACT residents recorded low levels of psychological distress, the proportion of those experiencing high or very high levels has increased from 9% in 2001 to 12% in 2004-05. Females were also more likely to report high or very high levels of distress (15% of ACT females 2004-05, compared with 9% of ACT males).

GRAPH 3. LEVELS OF PSYCHOLOGICAL DISTRESS (a), By sex: ACT — 2004-05



(a) As measured by the Kessler 10 (K10) Scale, from which a score of 10 to 50 is produced. See end note.

(b) Persons aged 18 years and over

Source: National Health Survey, 2004-05, Summary of Results, State Tables (cat. no. 4362.0).

FURTHER INFORMATION

Further information from the NHS can be obtained from National Health Survey: Summary of

End Note

1. Body Mass Index (BMI): Calculated from reported height and weight information using the formulated weight (kg) divided by the square of height (m). To produce a measure of the prevalence of overweight or obesity in adults, BMI values are grouped according to the table below.

Underweight - Less than 18.5

Normal range - 18.5 - less than 25.0

Overweight - 25.0 - less than 30.0

Obese - 30.0 and greater

2. Psychological Distress: Derived from the Kessler Psychological Distress Scale - 10 Items (K10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the 4 weeks prior to interview. The K10 is scored from 10 to 50, with higher scores indicating a higher level of distress; low scores indicate a low level of distress.

Scores were grouped as follows:

Low - 10-15

Moderate - 16-21

High - 22-29

Very high - 30-50

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